Your Summary of Benefits



City of Cincinnati - Retirees - 80/20 Plan Group Blue Access® (PPO) - 80/20 Plan Effective January 1, 2015

Please note: As we receive additional guidance and clarification from the U.S. Department of Health and Human Services, we may be required to make additional changes to your benefits.

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	\$300/\$600	\$600/\$1,200
Out-of-Pocket Limit (Single/Family)	\$1,500/\$3,000	\$3,000/\$6,000
Physician Office Services (PCP/SCP)	20%	50%
Primary Care Physician (PCP)/		
Specialty Care Physician (SCP)		
Including Office Surgeries, allergy serum and injections ¹ :		
allergy testing	20%	50%
Preventive Care Services	No copayment/coinsurance	50%
Services include but are not limited to:		
 Medical History 		
 Mammography¹ 		
Pelvic Exams		
Pap testing		
PSA tests		
 Immunizations¹ 		
 Annual diabetic eye exam 		
 Annual Vision and Hearing exams 		
Emergency and Urgent Care		
Emergency Room Services	20%	20%
 facility/other covered services 		
(copayment waived if admitted)		
Non-emergency use not covered		
Urgent Care Center Services	20%	20%
Inpatient and Outpatient Professional Services	20%	50%
Inpatient Facility Services (Network/Non-Network	20%	50%
combined) Unlimited days except for:		
 60 days for physical medicine/rehab 		
Outpatient Surgery Hospital/Alternative Care Facility	20%	50%
 Surgery and administration of general anesthesia 		

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Covered Benefits	Network	Non-Network
Other Outpatient Services	20%	50%
Including but not limited to:		
 Home Care Services: Unlimited visits network 		
and 30 visits non-network (excludes IV		
Therapy)		
 Hospice Care 	20%	20%
 Ambulance Services 	20%	20%
Outpatient Physical Medicine Therapies	20%	50%
(Combined Network & Non-Network limits)		
Limits apply to:		
 Physical/Occupational Therapy: 60 visits 		
 Spinal Manipulation Therapy: 12 visits 		
 Speech Therapy: 20 visits 		
Medical Supplies, Equipment and Appliances	20%	50%
Behavioral Health:		
Mental Illness and Substance Abuse ²		50%
 Inpatient Facility Services 	20%	
 Inpatient Professional Services 	20%	
 Physician Office Services (PCP/SCP) 	20%	
 Other Outpatient Services, Outpatient Facility 	20%	
@ Hospital/Alternative Care Facility,		
Outpatient Professional		
Human Organ and Tissue Transplants	No copayment/coinsurance	50%
 Except Kidney and Cornea transplants³ 		
Prescription Drugs:		
Administered by Optum	See Your Prescription	See Your Prescription
	Benefit Plan Summary	Benefit Plan Summary
Lifetime Maximum	Unlimited	Unlimited

Notes:

- All deductibles and copayments apply toward the Out-of-Pocket Maximum (except human organ and tissue transplants, excluding kidney and cornea).
- Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance.
- Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other
- Dependent Age: to the end of the month in which the child attains age 19; or to the end of the month in which the child attains age 24 if the child qualifies as a Full-time student at an accredited school (at least 7 months) and qualifies as a Federal Tax Exemption.
- No copayment/coinsurance means no deductible/copayment/coinsurance up to the maximum allowable amount. However, when choosing a Nonnetwork provider, the member is responsible for any balance due after the plan payment.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
- Benefit period = calendar year

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- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- 1 These covered services are not subject to the deductible/copayment if you have a flat dollar copayment and if rendered without an office visit.
- 2 We encourage you to contact Our Mental Health Subcontractor to assure the use of appropriate procedures, setting and medical necessity. Refer to Schedule of Benefits for limitations. Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health parity.
- 3 Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.

Precertification:

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.